

ROCKLIN FIRE DEPARTMENT

APPLICATION FOR RELEASE OF INFORMATION

DATE AND TIME OF OCCURRENCE:

TYPE OF REPORT: ☐ FIRE
 ☐ EMS-Medical ☐ INVESTIGATIVE
 ☐ PUBLIC Assistance ☐ OTHER

REPORT NUMBER (IF KNOWN):

LOCATION OF INCIDENT:

NAME OF DRIVER OR PROPERTY
OWNER:

NAME OF APPLICANT:

PARTY OF INTEREST (PLEASE CHECK ONE)

☐ PERSON INVOLVED:
i.e. *PATIENT, DRIVER, PASSENGER, PEDESTRIAN, VICTIM* ☐ REPRESENTATIVE OF INSURANCE COMPANY OR
INSURANCE ADJUSTING AGENCY

☐ PROPERTY OWNER ☐ ATTORNEY

☐ AUTHORIZED INDIVIDUAL
(SIGNED AUTHORIZATION IS REQUIRED) ☐ OTHER PARTY OF INTEREST (PLEASE SPECIFY)

☐ PARENT/GUARDIAN

FAMILY MEMBER:

☐ WIFE ☐ HUSBAND
☐ SON ☐ DAUGHTER

For Fire Department use only: ID VERIFICATION:

☐ Driver's License ☐ Student ID ☐ State ID ☐ Other: _____

Total # of Report Pages: _____ Staff Initials: _____

CERTIFICATION

I declare under the penalty of perjury that...I am ☐, I represent ☐, I am the attorney representing ☐,...the party of interest identified in the report ordered hereon.

SIGNATURE _____ DATE OF APPLICATION _____